

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1				*		
2						
3						
4						
5						
6						
7						
8		1				
9						
10						
11						
12						
13		1				
14						
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21						
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23						
24	1					
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32						
33		1				
34						
35		18				
36		18				
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48						
49						
50						
TOTAL IND.	52					
TOTAL DEP.	1036					
TOTAL CLAIMS	1038					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS